

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. **148**
Registered No. **606**

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village P.O. Box 1164 - Miami, Ariz.
City Miami No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Avelardo Mendoza } If child is not yet named, make supplemental report, as directed.3. Sex of Child Male To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date Nov. 17 - 1930
of birth _____ Month _____ Day _____ Year _____

8. FATHER

Full name Avelardo Mendoza9. Residence Miami
(Usual place of abode)If non-resident, give place and state. Arizona10. Color or race Mex.11. Age at last birthday 30 (Years)12. Birthplace (city or place) Chihuahua(State or country) Mex.

13. Occupation

Nature of Industry Miner

14. MOTHER

Full maiden name Adela Munoz15. Residence Miami
(Usual place of abode)If non-resident, give place and state. Arizona16. Color or race Mex.17. Age at last birthday 23 (Years)18. Birthplace (city or place) Chihuahua(State or country) Mex.

19. Occupation

Nature of Industry Housewife20. Number of children of this mother. } (a) Born alive and now living 3
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) 3 } (c) Stillborn 021. Were precautions taken against ophthalmia neonatorum? yesCERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 55I hereby certify that I attended the birth of this child, who was Born alive at 2 A. M. on the date above stated.
(Born alive or stillborn)Signature Cyril M. Brown M.D.
(Physician or midwife)Given name added from _____ Address Miami, Arizona

Month, day, year _____

Registrar _____

Filed Nov 15 1930 Re. E. Drim

141-1117-149